LEGACY MERIDIAN PARK MEDICAL CENTER AUXILIARY HEALTHCARE EDUCATION SCHOLARSHIP APPLICATION DEADLINE: March 25, 2013

PLEASE PRINT OR TYPE:

	(Last)	(First)	(Middle)	
	Home Address:			
	(Street name/number)	(City/State)	(Zip)	
	Home Telephone:			
	Date of Birth			
	Grade last Completed:	GPA:		
	Father's full name:			
	Occupation:			
	Employer:			
	Mother's full name:			
	Occupation:			
	Employer:			
	How many children in your family? How many besides yourself are dependent upon your parents? How many brothers and/or sisters are attending college this year?			
	List any volunteer services you have done during the last four years: (Attach separate sheet if necessary)			
•	What healthcare field are you i	nterested in studying?		
	What are the names of the sch	nools to which you have ap	plied?	

12. Have you been accepted by any of t	hese schools?Yes	sNo
If yes, which ones?		
13. How many years are necessary to co	omplete your course of stud	dy?
Please ensure the following information is	s sent together with your Sc	cholarship Application:
 An official, sealed version of your high A brief <u>resume</u> describing your acader (inside and outside of school), and a personal result of the result of	mic interests and performar paragraph or two on your ca or and one other adult of yo	nce, extra-curricular activities areer aspirations and plans. Our choice.
Please list those persons who have agree	ed to send a reference:	
<u>NAME</u>	<u>OCCUPATION</u>	<u>PHONE</u>
1)		
2)		
Please forward the complete application to SCHOLARSHIP COMMITTEE, LEGACY Avenue, Tualatin, Oregon 97062 Attentio application will be disqualified should any twelve high schools within our geographic Oswego, Lakeridge, Newberg, North Mar Wilsonville, and Woodburn. Call (503) 69 program.	MERIDIAN PARK MEDICA n: Auxiliary Office, postma vitem be late or missing, or cal service area. These hig ion, Oregon City, Sherwood	AL CENTER, 19300 SW 65th arked by March 25, 2013. Your if you do not attend one of the h schools include Canby, Laked, Tualatin, Tigard, West Linn,
I understand that I am under obligation to I should change my course of study to so to terminate my education, I understand I	mething other than a health	h care field. Also, should I elect
When my choice of school has been final Committee and the scholarship money w		•
Should I be awarded a scholarship, I give and award informationYesN		C Auxiliary to publish my name
Applicant's Signature:		Date:

Please copy this application as needed.